

# **VIRGINIA AIDS DRUG ASSISTANCE PROGRAM**

## **June 2008**

**Medications Available: (Brand names listed as reference only)**

**Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)**

**Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)**

**Multi-Class Combination Agents**

**Protease Inhibitors (PIs)**

**Fusion Inhibitor (FI)**

**Medication Specific Criteria for NRTIs, NNRTIs, Multi-Class Agents, PIs and FI except where otherwise indicated:**

- **CD4 count currently or previously below 500 or CD4 count over 500 with a detectable viral load.**
- **Prescription and documentation of CD4 count and viral load are required every 6 months.**

**Entry Inhibitor (CCR5 co-receptor antagonist)**

**Integrase Inhibitor**

**Opportunistic Infection (OI) Protection/Treatment**

**Adjuvant Therapy**

**Antianxiety Agents**

**Antidepressant Agents**

**Antipsychotic Agents**

**Antihyperglycemics**

**Antihyperlipidemics**

**Bipolar Agents**

**Hepatitis C Treatment**

**Vaccines**

## Formulary

### Nucleoside/Nucleotide Reverse Transcriptase Inhibitors

abacavir (**Ziagen**)  
abacavir + lamivudine + zidovudine (**Trizivir**)  
didanosine (**Videx**)  
emtricitabine (**Emtriva**)  
emtricitabine + tenofovir (**Truvada**)  
lamivudine (**Epivir**)  
lamivudine + abacavir (**Epzicom**)  
lamivudine + zidovudine (**Combivir**)  
stavudine (**Zerit**)  
tenofovir (**Viread**)  
zidovudine (**Retrovir**)

### Non-Nucleoside Reverse Transcriptase Inhibitors

delavirdine (**Rescriptor**)  
etravirine (**Intelence**) *NRTI and first line NNRTI (delavirdine, efavirenz, or nevirapine) experienced or contraindicated, with either a detectable viral load or intolerance to current regimen. ADAP Medication Exception Form documenting authorized indications in the “Reason for Exception” section. [Medication Exception Form required](#) only with the **initial** prescription. Note: The exception will be approved if a client has been taking a regimen that included this medication prior to ADAP enrollment, or accessing the medication through clinical trial or expanded access. This may be documented under “Reason for Exception.”*  
efavirenz (**Sustiva**)  
nevirapine (**Viramune**)

### Multi-Class Combination Agents

efavirenz + emtricitabine + tenofovir (**Atripla**)

### Protease Inhibitors (PI's)

atazanavir (**Reyataz**)

darunavir (**Prezista**) *NRTI and NNRTI experienced or contraindicated, with either a detectable viral load or intolerance to current regimen, and prior experience with 1 or more PIs. ADAP Medication Exception Form documenting authorized indications in the “Reason for Exception” section. [Medication Exception Form required](#) only with the **initial** prescription. Note: The exception will be approved if a client has been taking a regimen that included this medication prior to ADAP enrollment, or accessing the medication through clinical trial or expanded access. This may be documented under “Reason for Exception.”*

fosamprenavir (**Lexiva**)

indinavir (**Crixivan**)

lopinavir + ritonavir (**Kaletra**)

nelfinavir (**Viracept**)

ritonavir (**Norvir**) *Abbott Laboratories, manufacturer of Norvir, is currently making this medication available to clients who are on 400 mg per day or higher without charge to client or ADAP through their Patient Assistance Program. Clients or medical providers can contact the program directly at 1-800-222-6885. The website address is [www.abbott.com](http://www.abbott.com). For more information, contact the VDH ADAP Coordinator at (804) 864-8019.*

saquinavir (**Invirase**)

tipranavir (**Aptivus**) *NRTI and NNRTI experienced or contraindicated, with either a detectable viral load or intolerance to current regimen, and prior experience with 1 or more PIs. ADAP Medication Exception Form documenting authorized indications in the “Reason for Exception” section. [Medication Exception Form required](#) only with the **initial** prescription. Note: The exception will be approved if a client has been taking a regimen that included this medication prior to ADAP enrollment, or accessing the medication through clinical trial or expanded access. This may be documented under “Reason for Exception.”*

### **Entry Inhibitor (CCR5 co-receptor antagonist)**

maraviroc (**Selzentry**) *NRTI and NNRTI experienced or contraindicated, and prior experience with 1 or more PIs with a positive blood test for the CCR5 co-receptor test within 3 months. [Medication Exception Form required](#) only with the **initial** prescription. Note: The exception will be approved if a client has been taking a regimen that included this medication prior to ADAP enrollment, or accessing the*

*medication through clinical trial or expanded access. This may be documented under “Reason for Exception.”*

### **Integrase Inhibitor**

raltegravir (**Isentress**) *NRTI and NNRTI experienced or contraindicated, with either a detectable viral load or intolerance to current regimen, or prior experience with 1 or more PIs. ADAP Medication Exception Form documenting authorized indications in the “Reason for Exception” section. [Medication Exception Form required](#) only with the **initial** prescription. Note: The exception will be approved if a client has been taking a regimen that included this medication prior to ADAP enrollment, or accessing the medication through clinical trial or expanded access. This may be documented under “Reason for Exception.”*

### **Fusion Inhibitors**

enfuvirtide (**Fuzeon**) *NRTI and NNRTI experienced or contraindicated, with either a detectable viral load or intolerance to current regimen, and prior experience with 1 or more PIs. ADAP Medication Exception Form documenting authorized indications in the “Reason for Exception” section. [Medication Exception Form Required](#) only with the **initial** prescription. Note: The exception will be approved if a client has been taking a regimen that included this medication prior to ADAP enrollment, or accessing the medication through clinical trial or expanded access. This may be documented under “Reason for Exception.”*

### **Opportunistic Infection Protection/Treatment**

acyclovir (**Zovirax**) *oral*

aerosolized pentamidine (AP) *Have or had active thrush or have a CD4 count of 250 or less.*

amikacin (**Amikin**)

atovaquone (**Mepron**) *Have or had active thrush or have a CD4 count of 250 or less.*

azithromycin (**Zithromax**) *Have or had CD4 count of 100 or less.*

cidofovir (**Vistide**)

capreomycin (**Capastat**)

clarithromycin (**Biaxin**)

clindamycin (**Cleocin**) *oral*

cycloserine (**Seromycin**)

dapsone *Have or had active thrush or have a CD4 count of 250 or less.*

ethambutol (**Myambutol**)

ethionamide (**Trecator**)

famciclovir (**Famvir**) *For Herpes Zoster only.*

foscarnet (**Foscavir**)

fluconazole (**Diflucan**)

ganciclovir (**Cytovene**) *I.V.*

isoniazid (**INH**)

itraconazole (**Sporanox**)

levofloxacin (**Levaquin**)

para-aminosalicylic acid (**Paser**)

prednisone (**Deltasone**) *Only authorized for the treatment of toxoplasmosis, Pneumocystis jiroveci (P. carinii) pneumonia, and aphthous ulcers. ADAP Medication Exception Form documenting authorized indications in the "Reason for Exception" section.*  
[Medication Exception Form Required](#) *only with the **initial** prescription.*

primaquine

pyrazinamide (**Tebrazid**)

pyridoxine (**Vitamin B6**)

pyrimethamine (**Daraprim**)

rifabutin (**Mycobutin**) *Have or had a CD4 count of 100 or less. For treatment of MAI, only for those clients currently on it and those unable to tolerate Zithromax.*

rifampin (**Rifadin, Rimactane**)

sulfadiazine (**Microsulfon**)

trimethoprim *Have or had active thrush or have a CD4 count 250 or less.*

Trimethoprim-sulfamethoxazole (**TMP-SMX, Bactrim/Septtra**) *Have or had active thrush or have a CD4 count of 250 or less.*

Valganciclovir HCL (**Valcyte**)

voriconazole (**VFEND**) *Only authorized for fluconazole resistant candidiasis, treatment failure of candidiasis after utilizing itraconazole, and for the treatment of invasive aspergillus. ADAP Medication*

Exception Form documenting authorized indications in the “Reason for Exception.” **Medication Exception Form Required** only with the **initial** prescription.

### **Adjuvant Therapy**

epoetin alfa (**Procrit**)  
gabapentin (**Neurontin**)  
leucovorin (**Wellcovorin**)  
megestrol (**Megace**)

### **Antianxiety**

buspirone (**BuSpar**)  
hydroxyzine (**Atarax**)

### **Antidepressants**

amitriptyline (**Elavil**)  
bupropion (**Wellbutrin**)  
citalopram (**Celexa**)  
doxepin (**Sinequan**)  
duloxetine (**Cymbalta**)  
escitalopram (**Lexapro**)  
fluoxetine (**Prozac**)  
mirtazapine (**Remeron**)  
nortriptyline (**Pamelor**)  
paroxetine (**Paxil**)  
sertraline (**Zoloft**)  
trazodone (**Desyrel**)  
venlafaxine (**Effexor**)

### **Antipsychotic Agents:**

chlorpromazine (**Thorazine**)  
haloperidol (**Haldol**)

olanzapine (**Zyprexa**)  
risperidone (**Risperdal**)  
ziprasidone (**Geodon**)

### **Antihyperglycemics**

glipizide  
glipizide/metformin  
glyburide  
glyburide/metformin  
insulin (injectable only)  
metformin

### **Antilipidemics**

atorvastatin (**Lipitor**)  
pravastatin (**Pravachol**)  
rosuvastatin (**Crestor**)

### **Bipolar Agents**

lithium (**Eskalith**)  
valproic acid / divalproex sodium (**Depakote**)

### **Hepatitis C Treatment** *Monthly prescriptions needed.*

peginterferon-alfa 2a (**Pegasys**)  
peginterferon-alfa 2b (**Peg-Intron**)\*  
ribavirin (**Copegus, Rebetol**\*)

*\* Schering Plough, manufacturer of peginterferon-alfa 2b and ribavirin (Rebetol) is currently making these medications available, without charge to clients or ADAP through its Commitment to Care Program. To access this medication, contact the VDH ADAP Coordinator at (804) 864-8019, who will assign a unique identification number that will allow the client to access free medication by calling Schering Plough directly at 1-800-521-7157.*

## **Vaccines**

Hepatitis A

Hepatitis A/B

Hepatitis B

Influenza

Pneumovax

Questions or Comments? Contact the [Virginia HIV/STD/Viral Hepatitis Hotline.](#)